

WARRANTY RETURN FORM* FOR MAGICKEY TEKNIK® PRODUCTS

*have a copy of your original invoice, where you purchased your product, serial number and for cases within 30 days of purchasing your original packaging. The customer must pay at his own expense, all shipping costs and return to the distributor, reseller or seller for his product.

Website: www.Original-Health.net

Head Office: Original Health Distribution LTD.
5919, 84 ST. SE., Calgary, Alberta, Can. T2C 4S1
Tél. Alberta: (250) 816-3614
Quebec Office: Magickey Teknik Academy
5505 Iberville, #128, MTL, QC. H2G 2B2
Tél. Québec: (514) 800-8693

General Informations

Please complete the entire form and send it by email:

warranty@original-health.net

Informations on the Buyer:

Your Email :

Name: Company name :

Address:

City: Province: Postal Code :

Informations; where the product under warranty was bought and the merchant.

Vendor: Store name :

Address:

City: Province: Postal Code :

Off. phone: Mobile phone: #Fax :

Product information:

Price paid in \$ (CAD dollars):

Name of product: Purchase date mm/yy:

Serial number : Model Number :

Please describe in a few lines what is the problem:

*Mandatory form to be completed for all Magickey Teknik® electronic products under warranty, distributed by Original Health Distribution LTD.. You must also have the original invoice for your purchase. You must read our terms on the electronic warranty protocols for Magickey Teknik® products available on our website: <http://original-health.net> . For a period of 30 days, from the date of purchase, if the performance of the electronic device does not meet your expectations, return it to your dealer for a credit applicable to the purchase of another model or Magickey Teknik® items distributed by Original Health Distribution LTD. , be better or another model. This warranty applies to electronic devices only and is valid only for devices purchased from an authorized dealer for Magickey Teknik® products (not applicable on online purchases).. Transportation and travel costs are not covered by the warranty. The seller and reseller may charge a fee for home service. This warranty is not transferable.

Signature By:

Date:

Please check the box to allow repair under warranty.

I authorize Original Health Distribution LTD. to check the device under warranty, and proceed to an exchange or replacement if it is covered. Or to repair the product if not covered to my cost.

Signed Hereby: